

# Syndromic management of sexually transmitted diseases at primary care level, Mozambique

F S Mbofana, F J Brito, A Saifodine, J L Cliff

In 1985, the World Health Organization (WHO) developed simplified treatment guidelines for STD treatment at primary healthcare level.<sup>1</sup> After several revisions of the guidelines, WHO now recommends purely syndromic management.<sup>2</sup>

Since 1988, the Mozambican Ministry of Health (MOH) has progressively introduced sexually transmitted disease (STD) clinics at public primary level facilities (health posts and health centres). Health workers have been trained to use simplified treatment guidelines that include syndromic management. This one-off study aimed to assess the quality of STD management and the effectiveness of referral to the STD clinic at selected sites.

## METHODS

We carried out the study in 26 primary care facilities in Maputo and Quelimane cities and Manica and Tete provinces in 1995–6. Either all or randomly selected facilities were chosen. All STD patients presenting to the general adult or STD

clinic were observed for one or two consecutive days. STD clinic frequency varied from daily to weekly.

We used a modified version of the WHO recommended protocol for observing STD case management.<sup>3</sup> Denominators varied, as the whole process could rarely be observed in the same patient, because of referral to the laboratory, mother and child health services, and the STD clinic.

Where possible, we collected retrospective information in each general clinic on 100 consecutive patients who were referred to the STD clinic. We considered the patient as lost during referral if their name did not appear in the STD clinic register within the next 15 days.

## RESULTS

We observed 408 patients—267 (65%) in STD and 141 (35%) in general clinics—at different stages of the consultation; 32 of the 42 health workers (38 males and four females) observed had received training in STD management guidelines; 286

(70%) patients were women (71% and 69% in the STD and general clinic, respectively). Table 1 shows the presenting symptoms.

Only 54/206 (26%) eligible women were examined, compared to 64/85 (75%) eligible men ( $p<0.0001$ ). Laboratory tests were requested in 153/206 (74%) women and 38/85 (45%) men ( $p=0.0002$ ). Syndromic diagnoses were more frequent in women (57% against 38%,  $p=0.008$ ) (table 1).

Rapid plasmin reagin syphilis serology that was not recommended in the guidelines was requested in 147/291 (51%) patients. Physical and/or laboratory examinations were performed in only 33 of the 126 patients diagnosed aetiologically.

The STD and adult general clinic did not differ significantly in the proportion examined, laboratory tests requested, diagnosis, and treatment.

Only 38/197 (19%) and 118/197 (60%) women were advised on condom use and contact treatment respectively, compared to 59/68 (87%) and 62/68 (91%) men ( $p<0.001$ ;  $p=0.04$ ); 91/193 (47%) and 156/193 (81%) patients were advised on condom use and contact treatment, respectively, in the STD clinic compared to 6/72 (8%) and 34/72 (47%) in the general clinic ( $p<0.001$ ;  $p<0.001$ ).

Of 1193 STD patients seen in the general clinic, 54% were referred to the STD clinic. Of those, only 41% presented at the STD clinic.

## DISCUSSION

Introduction of STD clinics and simplified treatment guidelines and many years of training and supervision have resulted in a functioning STD service at

**Table 1** Symptoms and diagnoses in STD patients, primary care level, Mozambique

Female (n=254)	No (%)	Male (n=99)	No (%)
Presenting symptoms			
Vaginal discharge	193 (76)	Urethral discharge	46 (46)
Lower abdominal pain	130 (51)	Genital ulcer	41 (41)
Burning urine	51 (20)	Burning urine	38 (38)
Genital itching	41 (16)	Genital itching	27 (27)
Genital ulcer	38 (15)	Genital vesicles	10 (10)
Genital vesicles	10 (4)	Bubo	8 (8)
Genital warts	5 (2)	Genital warts	2 (2)
Female (n=197)	No (%)	Male (n=68)	No (%)
Diagnoses			
Syndromic:		Syndromic:	
Vaginal discharge	102 (52)	Genital ulcer	14 (21)
Genital ulcer	10 (5)	Urethral discharge	12 (18)
Total	112 (57)		26 (38)
Aetiological:		Aetiological:	
Syphilis	26 (13)	Gonorrhoea	13 (19)
Gonorrhoea	20 (10)	Syphilis	11 (16)
Trichomonas	18 (9)	Non-gonococcal urethritis	7 (10)
Non-gonococcal urethritis	10 (5)	Lymphogranuloma venereum	6 (9)
Lymphogranuloma venereum	4 (2)	Herpes	3 (4)
Candidiasis	4 (2)	Chancroid	2 (3)
Chancroid	3 (2)		
Total	85 (43)		42 (62)

the primary care level. The high proportion (70%) of women patients seen confirms that primary level STD services tend to treat more women than men, in contrast with secondary level STD clinics.<sup>4</sup>

The STD clinic performed better than the general clinic in health education. This advantage was offset by large patient losses during referral to the STD clinic. Adherence to guidelines for laboratory use was poor, and referral to the laboratory probably contributed to patient losses.

Rapid and effective treatment of patients with STDs using syndromic management offers a means to interrupt transmission of HIV and other STDs.<sup>5</sup> A proposal by the MOH to integrate treatment in the general clinic and introduce purely syndromic management should remedy some of the deficiencies found in this study.

## CONTRIBUTORS

All authors participated in the study design, fieldwork, data analysis, and writing.

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## Authors' affiliations

**F S Mbofana, F J Brito, A Saifodine, J L Cliff,**  
Faculdade de Medicina, Universidade Eduardo  
Mondlane, Maputo, Mozambique

Correspondence to: Dr Julie Cliff, Faculdade de  
Medicina, Universidade Eduardo Mondlane, CP  
257, Maputo, Mozambique;  
[jcliff@tropical.co.mz](mailto:jcliff@tropical.co.mz)

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